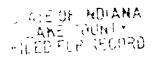
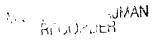


2012 057220



2017 AUG 23 AM 11: 31



AFFIDAVIT TO EXTINGUISH LIFE ESTATE

Violet Haskell by Gerald Nichols, her attorney in fact, of adult age, being first duly sworn, upon deposes and says

That Violet Haskell is the Wife of Robert Haskell, deceased, who died on \mathcal{DEC} , \mathcal{L} \mathcal{DODB} resident of Lake County, Indiana

That said decedent acquired a Life Estate Interest to the following described real estate located in Lake County, IN to wit

SEE ATTACHED LEGAL DESCRIPTION

and hereinafter sometimes called "the Real Estate" for convenience by a Deed from Robert Haskell and Violet Haskell recorded 11/4/1996 as Document No 96073496 in the Office of the Office of the Recorder of Lake County, Indiana

That the purpose of this affidavit is to induce the Auditor of the County in which said real estate is located to change the tax records, and, if necessary to remove the Life Estate Interest of Robert Haskell

And further affiant sayeth not this 3rd day of August, 2012 This Document is the first of the Nichols of the fact the Lake County Recorder! State of Indiana, County of Lake ss Subscribed and sworn to before me, the undersigned, a Notary Public in and for the County and State aforesaid, this 3rd day of August, 2012 WITNESS my hand and Notarial Seal My Commission Expires Signature of Notary Printed Name of Notary Public LISHA VERA Porter County Notary Public County and State of Residence My Commission Expires August 7, 2018 This instrument was prepared by Debra A Guy, Attorney-at-Law, IN #24473-71 MI #P69602 202 S Michigan Street, Ste 300, South Bend, IN 46601 **Property Address** 323 Bluebird Avenue, Crown Point, IN 46307 12-24441 I affirm, under the penalties for perjury, that I have taken reasonable care to redact each social security number in this _(Type or Print Name) document, unless required by law HOLD FOR MERIDIAN TITLE



DULY ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER

AUG 2 1 2012

PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR



LEGAL DESCRIPTION

Lot Numbered Twenty (20) in Block 4 in Fairview Heights as per plat thereof recorded in Plat Book 30, page 81 in the Office of the Recorder of Lake County, Indiana







4151

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No 9156-6	<u>, , , , , , , , , , , , , , , , , , , </u>				Sta	ate No			
Decedent's Legal Name (First, Middle Last)		1a Maiden Last I	lame (If Female) 2 Sex		3 Time of Death 4 Date of Death (Month/Day/Year)				
	Haskell Haskell			Male	10:0	0:05 AM December 4, 2008		4. 2008	
	er 6c Under 1 Mont	t 6d Under 1 Day	6e Under 1 Hour	7 Date of Birth (Month			And State Or Fo		
303-24-5588 82 Months	Days	Hours	Minutes	August 15, 1	926	'rown I	Coint In	d. ana	
10a if Death Occurred Somewhere Other Than A Hospital									
11 Facility Name (If Not Institution Give Street And Number)	Department Outpatient C	Dead On Arrival	☐ Hospice Facility ☐ De	ecedent's Home 🗌 Nursing	g Home/Long-Te	rm Care Facility	Other (Specify)		
St. Anthony Medical Center			· · · · · · · · · · · · · · · · · · ·						
·			13 County Of Death			14 Mantal Status At Time Of Death			
Crown Point, Indiana 46307			Lake			Sid Marmed □ Marmed, But Separated □ Divorced □ Widowed □ Never Marmed □ Unknown			
5 Surviving Spouse a Name 15a (If Write)Give Manden Last Nat			ne 16 Decedent's Usual Occupation			17 Kind Of Business/Industry			
Violet Haskell	Connel	.lv	Gene	General Foreman			Steel		
18 Residence - State	Sa County 18b City Or Town			· · · · · · · · · · · · · · · · · · ·	Steel				
Indiana	Lake		Crown Po	ınt					
18c Street And Number					Apt. No	18e Zip	Code 1	8f Inside City Limits?	
323 Bluebird Ave.						4636	\	Blyes □ No	
9 Decedent's Education 20 Decedent Of Hispanic Origin			21 Dece	sdent's Race	nfs Race 4 6307				
11	Non-Hisp	anic	Cau	Caucasian					
22 Father's Name (First, Middle, Last)				23 Mother's Name (First, Middle, Last) 23a Mother's Maiden Last Name				ast Name	
Walter Haskell			,						
24 Informant's Name	24a Relationship	To Decedent	Sophie Ha 24b Mailing Address (ASKELL Street And Number City 5	State Zin Corle	Ge	rner		
Violet Haskell	Wife								
		25 Pk	323 Bluebi	rra was. C	rown P	oint,	Indiana	46307	
	ace Of Disposition (Nam	e Of Cemetery, Crema		5c Location - City, Town	, And State				
■ Burial □ Cremation □ Donation □ Entombrent □ Removal from State	NIO	TOI		ATE					
Other (Specify) Char 28 Was Coroner Contacted? 27 Name And Comple	pel Lawn M	emorial (Gardens 7	11 E. 77th	Ave.	Schere	rville.I	Indiana 46	
27 Name And Compile Gent Sen Fund	te Address Of Funeral F	coun Poin	is the pro	nerty of			27a Funeral H	ome License Number	
	h Ave., Cro	wn Point, I	ndiana 46307	perty or			FH1990	0060	
27b Signature Of Indiana Fundral Service Joelses	the L		anty Reco	mari-	ense Number (Of Licensee):	FHIJOU	0080	
					9000013	-			
	Cau	se Of Death (Se	e Instructions And I	Evamples)	000013	_	-		
28. Part I Enter The Chain Of Events—Diseases Injune Such As Cardiac Arrest, Respiratory Arrest, Or Ventroular A Line Add Additional Lines If Necessary	o Or Compliantiana	That Dissells Once	. 4.20 0 4 0 4 1					Approximate	
			/ "		ln .			Interval Onset To Death	
Immediate Cause (Final Disease Or Condition Resulting In	Death A.	- Car	diac	LUCY COLOR A COMPANION OF		· · · · · · · · · · · · · · · · · · ·		- <u>-</u>	
Sequentially List Conditions, If Any, Leading To The Cause	a Listed On 8	150		Car dio	u	0 (0)	1		
Line A. Enter The Underlying Cause (Disease Or Injury Ti The Events Resulting In Death) Last	nat Initiated C		D	lus To (Or As A Consequence Of):		7/19			
	·		0	us To (Or As A Consequence Of):			 -		
Pert II Enter Other Significant Conditions Contributing To Death	But Not Resulting In The	Underhane Course Co	van in Part I X	Was An Autopsy Perfor	mad2				
Endah	0 0	Tin D	ER'S	Were Autopsy Findings	Available To C	Yes No omplete The Ca	use Of Death? —	🖭	
31 Did Tobecco Use Contribute To Degth? 32 If Fe		ura-	100				U	Yes 🗷 No	
☐ Yes ☐ Probably 12 No ☐ University	count Within Paul Year D	regnant At Time Of Death	Not Pregnent, But Prognent With	1	Manner Of Dec		Pending Investigation		
- 100.00	grient, But Pregnent 43 Days T Of Injury	O I Year Besone Death	Unknown if Pregnant Within The Face Of Injury (E.G., Decede	Past Year	Skinoldin ITE Could N	int Re Determined		- X	
		E 100	EAV	STREET CONTROL COLORS	was Lossentralist	WOODBO AFBE)		y At Work?	
38 Location Of Injury - State 38a Cd)	Or Town	38b Si	freet & Number			1 390 4-4 **	!	■ □ No	
		SC / 256	a de la constante de la consta	1		38c Apt. N	o 38diZīpīC	OOM .	
39 Describe How Injury Occurred					0 If Transports	too le 2			
. •			t.t.()	· · · · · · · · · · · · · · · · · · ·			•		
		<u> </u>	in 2003	1	- unanupamii	⊶ resemger U	Pedestrian [] Other (S)	pecify)	
41 Signature Of Gerady Centrlying Cause Of Death	1/	· · · · · · · · · · · · · · · · · · ·	, <u> </u>	42 Certifier (Ch	eck Only One)	 _			
43 Name, Address And Job Code Of Person Denaying Cause of Death Carmer W. //					☐ Certifying Physician ☐ Coroner ☐ Health Officer				
					44 License Number 45 Date Certified				
Joseph A Kacmar, Dr. 123 N. Court St., Crown Point, Indiana 46307					01027	088	1191	0/20	
46 Additional Funeral Service Provider								91001	
40 Service of Lines of Service NOAROSIL					47 *Akas.		1661	9108	
48 Sunshine of Local Manife Offices				1 40 Ea-D				9108	
48 Sunshine of Local Manife Offices	est no			49 For Registr	er Only - Date F	_		9108	
				Daie	or Only - Date F	10.	2008	9108	